

# OMPP Quality & Outcomes Reporting

*Freeing the Data*

Indiana Family and Social Services Administration  
Office of Medicaid Policy and Planning  
February 27, 2019

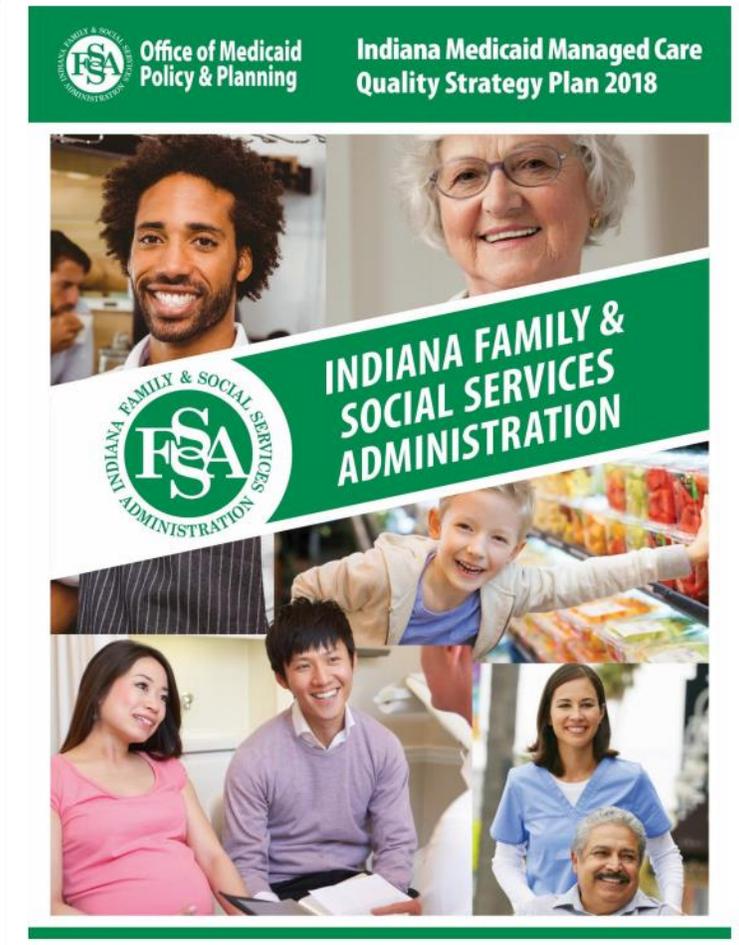


# Managed Care Oversight

- Number of federal requirements at 42 CFR 438, operationalized through contracts and Q&O team
- Monthly onsite visits at MCE offices focused on particular topic established in advance
- Regular meetings with agency/division leadership; functional area coordination and oversight
- Non-compliance addressed through Corrective Action Plans, liquidated damages, suspending member assignment, etc.



# Quality Strategy Plan



## 42 CFR 438.340

- State's annual plan to assess MCE delivery of services
- Built around continuous quality improvement (CQI)
- Establishes quality subcommittees



# External Quality Reviews

42 CFR 438.350 *et seq.*

- Must be a competent and independent entity
- Validates performance improvement activities
- Identifies other areas for improvement based on feedback from other sources

**Hoosier**  
CARE CONNECT

**HHW**  
Hoosier Healthwise  
Health Care Program

**HIP**  
HEALTHY INDIANA PLAN™  
Health Coverage • Peace of Mind

**External Quality Review of Indiana's  
Care Programs: Hoosier Healthwise,  
Hoosier Care Connect and HIP 2.0  
Review Year Calendar 2016**

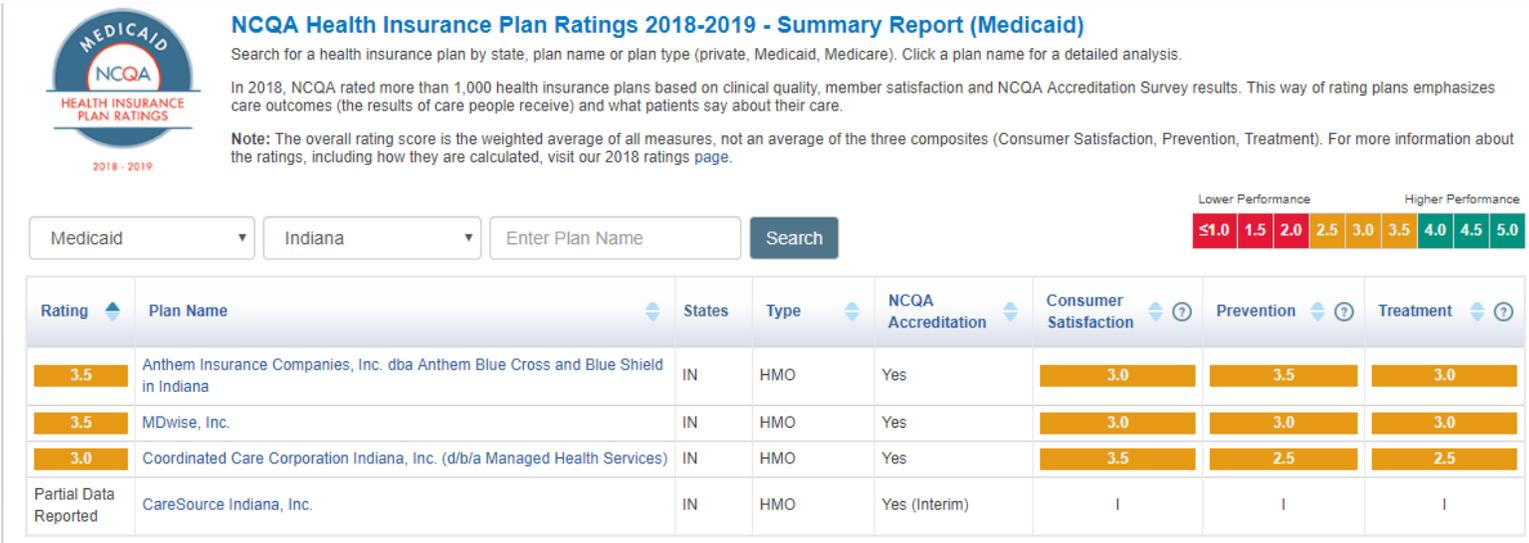
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# National Committee for Quality Assurance (NCQA)

- All health plans required by state law to be NCQA-accredited within one year of operation
- Accreditation is proxy measure for CQI activities in key areas
- Plan ratings published by NCQA specific to lines of business



**NCQA Health Insurance Plan Ratings 2018-2019 - Summary Report (Medicaid)**

Search for a health insurance plan by state, plan name or plan type (private, Medicaid, Medicare). Click a plan name for a detailed analysis.

In 2018, NCQA rated more than 1,000 health insurance plans based on clinical quality, member satisfaction and NCQA Accreditation Survey results. This way of rating plans emphasizes care outcomes (the results of care people receive) and what patients say about their care.

**Note:** The overall rating score is the weighted average of all measures, not an average of the three composites (Consumer Satisfaction, Prevention, Treatment). For more information about the ratings, including how they are calculated, visit our 2018 ratings page.

Medicaid | Indiana | Enter Plan Name | Search

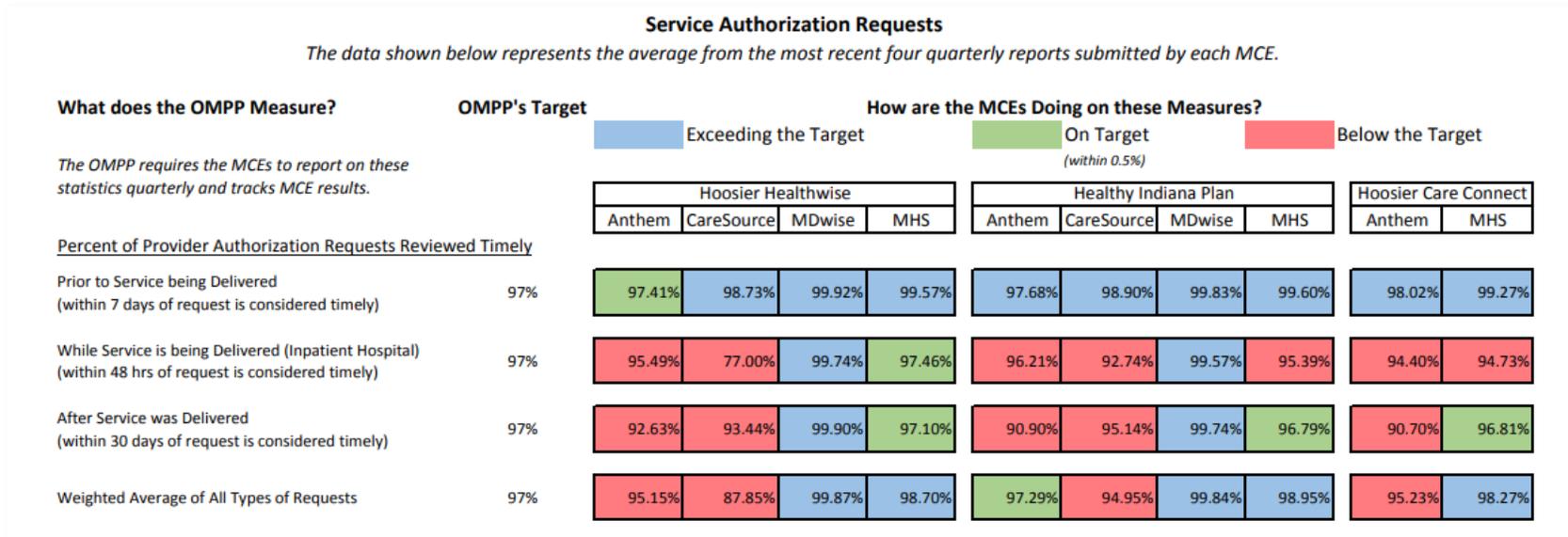
Lower Performance | Higher Performance  
 ≤1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0

Rating	Plan Name	States	Type	NCQA Accreditation	Consumer Satisfaction	Prevention	Treatment
3.5	Anthem Insurance Companies, Inc. dba Anthem Blue Cross and Blue Shield in Indiana	IN	HMO	Yes	3.0	3.5	3.0
3.5	MDwise, Inc.	IN	HMO	Yes	3.0	3.0	3.0
3.0	Coordinated Care Corporation Indiana, Inc. (d/b/a Managed Health Services)	IN	HMO	Yes	3.5	2.5	2.5
Partial Data Reported	CareSource Indiana, Inc.	IN	HMO	Yes (Interim)	I	I	I



# Monthly/Quarterly Reports

- Aggregated and synthesized to make comparison easier
- Uses data submitted by MCEs
- Stoplight system makes performance easy to gauge



- FSSA Home**
- Medicaid Policy Home**
- About OMPP
- Employment Opportunities
- Indiana Medicaid
- Programs & Services**
- Healthy Indiana Plan (HIP)
- Hoosier Care Connect
- Hoosier Healthwise
- Children's Health Insurance Program
- MED Works
- Medicaid for Inmates
- Medicaid HCBS Programs
- Medicare Assistance
- Presumptive Eligibility
- Program of All-Inclusive Care for the Elderly
- Information & Resources**

## Quality and Outcomes Reporting

The FSSA Office of Medicaid Policy and Planning (OMPP) conducts continuous quality improvement projects and contract oversight throughout the year. This webpage contains high level descriptions of key quality improvement processes and links to various resources to help interested parties see how Indiana's Medicaid program is performing.

## Managed Care

OMPP contracts with four health insurance companies to deliver healthcare to more than a million Medicaid members. These companies are [Anthem](#), [CareSource](#), [Managed Health Services](#) (MHS), and [MDwise](#). Indiana has three managed care programs: the [Healthy Indiana Plan](#), [Hoosier Healthwise](#), and [Hoosier Care Connect](#).

## Contracts

OMPP uses a base contract for each managed care program with a consistent scope of work by program unless otherwise noted. Contracts are typically awarded from a competitive procurement and are for a base period of four years with two optional years (consistent with IC 12-15-30-4). Amendments (denoted as "AM") are needed from time to time to adjust rates for actuarial soundness, modify scope of work language, or update requirements. Managed Care Entity contracts must be approved by the Centers for Medicare and Medicaid Services (CMS) to ensure federal requirements are met and rates are actuarially sound. Below is a table of all the current CMS-approved contracts in effect for managed care entities. All non-confidential, fully approved contracts are publicly available at the [Indiana Transparency Portal](#), as required by [Executive Order 05-07](#).

**Healthy Indiana Plan (HIP) and Hoosier Healthwise (HHW) Contracts**

Anthem	CareSource	MHS	MDwise
18310	18313	18315	18314
AM 01	AM 01	AM 01	AM 01
AM 02	AM 02	AM 02	AM 02

<https://www.in.gov/fssa/ompp/5533.htm>

# Questions?

*Special thanks to Burns & Associates for their partnership on this project.*

